

# Application

## Certified Pumper

**CERTIFICATION (License):** ☐ New

☐ Renewal

Please print – Any incomplete Application will be returned to the Applicant and certification/renewal may expire during processing period.

Applicant \_\_\_\_\_

Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Company Telephone \_\_\_\_\_ Cellular Number \_\_\_\_\_

Email Address \_\_\_\_\_

**REQUIREMENTS (MS Code of 1972, Annotated 41-67-39)**
**New:**

1. Complete and return Application with \$125.00 fee (Schedule, study material, map and Examination seating)
2. Attend the Mississippi State Department Health 1-day training course with exam
3. Receive examination score (Letter)

Pass

- a) Submit valid General Business Liability insurance policy
- b) Submit \$50.00 fee (Certificate)
- c) Vehicle Inspection Form
- d) Letter of disposal from Mississippi Department of Environmental Quality permitted facility

Fail

- a) Complete and return Application
- b) Submit \$100.00 fee (Examination)

**Renewal:**

1. Complete and return Application with \$50.00 fee (Certificate)
2. Submit valid General Business Liability insurance policy (\$50,000 per occurrence and at least \$100,000 in total aggregate)
3. Submit proof of CEU/PDH hours taken in calendar year  
NOTE: If you do not have your CEU/PDH hours, complete attached CEU/PDH registration sheet and return with \$25.00 fee (Schedule and map)
4. Submit a copy of vehicle inspection
5. Submit letter of disposal from Mississippi Department of Environmental Quality permitted facility

**ATTESTATION** – I attest and certify that all information submitted is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mississippi State Department of Health**

(Time/Date Stamp)

Division of On-site Wastewater  
805 South Wheatley Street, Suite 340  
Ridgeland, MS 39157  
[www.healthymms.com](http://www.healthymms.com)

<b>NEW</b>	<b>OFFICE USE ONLY</b>	<b>RENEWAL</b>
Examination <input type="checkbox"/> Pass <input type="checkbox"/> Fail  <input type="checkbox"/> Copy of Insurance Policy    Expiration Date _____  <input type="checkbox"/> Copy of Vehicle Inspection <input type="checkbox"/> Letter of disposal <input type="checkbox"/> Remittance of Fee \$ _____ <div style="margin-left: 40px;"> <input type="checkbox"/> Check   <input type="checkbox"/> M/O   <input type="checkbox"/> Credit/Debit   <input type="checkbox"/> Cash         </div> Certification No. <u>CP -</u> Date _____	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%;"></div>	<input type="checkbox"/> Copy of CEU/PDH documentation  <input type="checkbox"/> Copy of Insurance Policy    Expiration Date _____  <input type="checkbox"/> Copy of Vehicle Inspection <input type="checkbox"/> Letter of disposal <input type="checkbox"/> Remittance of Fee \$ _____ <div style="margin-left: 40px;"> <input type="checkbox"/> Check   <input type="checkbox"/> M/O   <input type="checkbox"/> Credit/Debit   <input type="checkbox"/> Cash         </div> Certification No. <u>CP -</u> Date _____

# Application

## Certified Pumper

### Form 459 E

#### PURPOSE

To provide an application for any person who wishes to receive certification to pump and clean Individual On-site Wastewater Disposal Systems, lift stations, holding tanks, portable toilet and grease traps.

#### INSTRUCTIONS

Type

1. Check appropriate box New or Renewal.

Applicant

2. Applicant – Enter name applying for certification
3. Company – Enter the name under which the Applicant's business operates
4. Company Mailing Address – Enter mailing address of the company
5. Company Telephone – Enter the company's telephone number
6. Cellular Number – Enter you cellular number.
7. Applicant's Cellular Number – Enter the applicant's cellular number
8. Email Address – Enter Applicant's email address or company's email address

Attestation

9. Signature – Applicant's name
10. Date – Enter the day the application was signed

Office Use (New)

11. Check box Pass or Fail
12. Check box Copy of Insurance Policy
13. Enter the date Insurance expires
14. Check box Vehicle Inspection form
15. Check box Letter of disposal from Mississippi Department of Environmental Quality permitted facility
16. Check box Remittance of Fee and write in amount
17. Check Appropriate Box for Check, Money Order, Credit/Debit or Cash
18. Certification No. – Automatically assigned by the wastewater computer program to Applicant
19. Date – Enter date application is received

Office Use (Renewal)

20. Check box Copy of CEU/PDH (certificate of participation or proof of registration)
21. Check box Copy of Insurance Policy
22. Enter the date Insurance expires
23. Check box Vehicle Inspection form
24. Check box Letter of disposal from Mississippi Department of Environmental Quality permitted facility
25. Check box Remittance of Fee and write in amount
26. Check Appropriate Box for Check, Money Order, Credit/Debit or Cash
27. Certification No. – Enter existing Certification Number
28. Date – Enter date application is received

#### OFFICE MECHANICS AND FILING

From the Division, the Special Project Officer verifies the information received from the Applicant, then enters the data in the wastewater computer program, prints the certificate, and deposits monies received. The Special Project Officer then mails the certificate to the Applicant.

#### RETENTION PERIOD

The Division of On-site Wastewater will retain the Application for 3 years or until audited.